

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034484  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2301

FILED AUG 23 1963

|   |                                    |   |                                    |
|---|------------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                    | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                      |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Koch</b>  |                                    | c. CITY OR TOWN <b>St. Louis</b>  |                                    |
| Length of stay in 1b<br><b>54 days</b>  |                                    | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Robert Koch Hospital</b>   |                                    | d. STREET ADDRESS (If outside, give location)<br><b>5516 Easton</b>   |                                    |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Yick</b> Middle <b>Kee</b> Last <b>Leung</b>   |                                    | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>18</b> Year <b>1963</b>  |                                    |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Chinese</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-27-95</b> |
| 9. AGE (last birthday)<br><b>68</b>   |                                    | IF UNDER 1 YEAR<br>Months Days Hours Min.   |                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                                    | 10b. KIND OF BUSINESS OR INDUSTRY   |                                    |
| 11. BIRTHPLACE (City and state or country)<br><b>China</b>  |                                    | 12. CITIZEN OF WHAT COUNTRY<br><b>China</b>   |                                    |
| 13a. FATHER'S NAME<br><b>Hip Leung</b>  |                                    | 13b. MOTHER'S MAIDEN NAME<br><b>Wam Lee</b>   |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><b>Loo Kim</b>   |                                    | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |                                    |
| 16. SOCIAL SECURITY NO.   |                                    | 17. INFORMANT<br><b>Records of Robert Koch Hosp. - Koch, Mo.</b>  |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)<br>IMMEDIATE CAUSE (a) <b>Rupture of abdominal aorta (?)</b><br>DUE TO (b) <b>Penetrating wound of the abdomen</b><br>DUE TO (c) <b>Suicidal</b> <b>977X</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    | INTERVAL BETWEEN ONSET AND DEATH  |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                    | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                    |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Self inflicted stab wound of abdomen</b>   |                                    | 20c. TIME OF INJURY<br>Hour <b>5:50</b> a.m. <b>7/18/63</b>   |                                    |
| 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg.; etc.)<br><b>sun-room, hospital</b>   |                                    | 20e. CITY, TOWN, OR LOCATION<br><b>Koch</b>   |                                    |
| 20f. COUNTY<br><b>St. Louis</b>   |                                    | 20g. STATE<br><b>Missouri</b>   |                                    |
| 21. I attended the deceased from <b>5-25-63</b> to <b>7-18-63</b> and last saw him alive on <b>7-17-63</b><br>Death occurred at <b>6:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.   |                                    | 22a. SIGNATURE<br><b>Barbara Eudman</b> (Print name)<br><b>CORONER</b><br><b>M.D.</b>   |                                    |
| 22b. ADDRESS<br><b>Clayton, Missouri</b>  |                                    | 22c. DATE SIGNED<br><b>7-18-63</b>  |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                    | 23b. DATE<br><b>7-20-63</b>   |                                    |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>  |                                    | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b>   |                                    |
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe Inc., 4700 Washington, Blvd.</b>   |                                    | 25. DATE RECD. BY LOCAL REG.<br><b>7-19-63</b>  |                                    |
| 26. REGISTRAR'S SIGNATURE<br><b>John Murphy M.D.</b>  |                                    |   |                                    |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 4000

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41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Washington  
St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.